PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

SEP 1 3 2006

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap inc ma

approphism. All further co indicated unless corrected maintenance fee notification	below or directed others.	erwise in Block 1, by (a								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
ROYLANCE, ABRAMS, BERDO & GOODMAN, L.L.P. 1300 19TH STREET, N.W. SUITE 600					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WASHINGTON,, DC 20036					(Depositor's name)					
									(Signature)	
									(Date)	
APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENT		ATTORNEY DOCKET N		RNEY DOCKET NO.	CONFIRMATION NO.		
10/790,092	0/790.092 03/02/2004		Hideyuki Kawai		46389			1177		
TITLE OF INVENTION: I	MICROCAPSULE AN	D ITS USES								
YAPPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	FEE.	TOTAL FEE(S) DU	E	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0	\$1700			10/17/2006	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	s						
SASTRI, SATYA B		1713	1713 428-402200							
1. Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1Roylance, Abrams, Berdo							
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print	or typ	e)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 00000118 10790092										
(A) NAME OF ASSIG	(B) RESIDENCE: (GRECOUNTRY) - BODDOILD . FC:1501							
Seiko Epson Corporation			Tokyo, Ja	1 02 FC:13	FC:1504			1400.00 OP 300.00 OP		
Nippon Shokubai Co., Ltd. Osaka, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) as Issue Fee Publication Fee (No	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-220 (enclose an extra copy of this form).									
5. Change in Entity State	us (from status indicate	ed above)								
a Applicant claims	SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is r	no long	ger claiming SMA	LL EN	TITY status. See 37	CFR	1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeeords of the United Sta	uired) will not be accepte ates Patent and Trademar	ed from anyone other k Office.	than t	he applicant; a reg	istered	attorney or agent; of	ine a	assignee or other party in	
Authorized Signature	fand.	Mans					13,2006			
Typed or printed name <u>Garrett V. Davis</u>			Registration No. 32,023							
This collection of informa an application. Confident submitting the completed	ation is required by 37 ciality is governed by 33 application form to the	CFR 1.311. The informate 5 U.S.C. 122 and 37 CFR e USPTO. Time will var	ion is required to obta 1.14. This collection y depending upon the	in or a	retain a benefit by timated to take 12 vidual case. Any c	the pub minute ommen	lic which is to file (s to complete, inclu ts on the amount of	and b ding time	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce PO	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.